

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: NEW DIABETES TYPE 2 ANIMAL
MODEL
Attorney Docket Number:: 1501-1319
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: HELENA
Middle Name::
Family Name:: EDLUND
Name Suffix::
City of Residence:: UMEÅ^Â
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: MELLANBÅGEN 18
Address::
City of Mailing Address:: UMEÅ^Â
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-907 38

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ISRAEL
Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: D.
Family Name:: WALKER
Name Suffix::
City of Residence:: REHOVOT
State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 40 SDEROT HEN, APARTMENT 12
Address::
City of Mailing Address:: REHOVOT

State or Province of Mailing Address::
Country of Mailing Address:: ISRAEL
Postal or Zip Code of Mailing Address:: 76469

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ISRAEL
Status:: Full Capacity
Given Name:: NIR
Middle Name::
Family Name:: RUBINS
Name Suffix::
City of Residence:: REHOVOT
State or Province of
Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 2 NEVE ALON STREET, APARTMENT 29
Address::
City of Mailing Address:: REHOVOT
State or Province of Mailing Address::
Country of Mailing Address:: ISRAEL
Postal or Zip Code of Mailing Address:: 76455

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PÅR
Middle Name::
Family Name:: STENEBERG
Name Suffix::
City of Residence:: UMEÅ
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KUSTVÄGEN 73

Address::

City of Mailing Address:: UMEÅ

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-905 80

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

| | |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This application | National Stage of | PCT/SE2004/001209 | 8/18/04 |
| This application | An application claiming the benefit under 35 USC 119(e) | 60/481,249 | 8/18/03 |
| This application | An application claiming the benefit under 35 USC 119(e) | 60/481,608 | 11/7/03 |
| This application | An application claiming the benefit under 35 USC 119(e) | 60/521,377 | 4/14/04 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::